



APPLICATION FOR DUPLICATE LEAD LICENSE

State Form 50746 (R5 / 2-10)

INDIANA STATE DEPARTMENT OF HEALTH

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Lead and Healthy Homes Program

2 N Meridian St, 5 J

Indianapolis, IN 46204

Phone: (317) 233-1250

<http://www.in.gov/isdh/programs/lead/>

- INSTRUCTIONS:**
1. This form must be used to apply for a duplicate lead license pursuant to 410 IAC 32. If accessing this form on-line, you may print the blank form and fill it out by hand; or you may fill it in on-line, then save it to your computer and print a hard copy for submission with original signatures.
 2. No more than two (2) duplicate licenses will be issued to any one person in any calendar year.
 3. **Please type or print.**
 4. Return this completed form to the address provided in the upper-right hand corner of this page.

PART A: GENERAL INFORMATION

1. Specify the discipline(s) for which you need a duplicate lead license(s):

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Inspector | <input type="checkbox"/> Project Supervisor | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Project Designer | <input type="checkbox"/> Worker | |
| <input type="checkbox"/> Risk Assessor | <input type="checkbox"/> Clearance Examiner | |

2. Applicant name
Last

First

Middle Initial

3. Mailing address
Street

City

State

ZIP code

4. Company name (if applicable):

5. Company telephone number: (____) ____ - ____

6. Date of birth
Month Day Year
____/____/____

7. Sex

☐ Male

☐ Female

8. Height

____ feet

____ inches

9. Weight

pounds

10. Eye color

11. Hair color

12. Home telephone number

(____) ____ - ____

PART B: STATEMENT OF LOST OR STOLEN LICENSE

13. Please state the reason you are seeking a duplicate license. If you need more space than is available, please attach a second sheet to this application.

PART C: SIGNATURE

I hereby certify that there are no misrepresentations in or falsifications of information submitted in this application. I understand that should investigations disclose any falsification of information submitted in this application, my license(s) may be revoked. I understand that failure to comply with requirements as outlined within federal, state, or local lead-related regulations may result in civil and/or criminal penalties.

SIGNATURE OF APPLICANT: _____ DATE SIGNED: ____/____/____

PART D: SIGNATURE CARDS

Applicant must sign both of the signature cards below. Application will be denied if the cards are not signed.

THIS LICENSE IS ISSUED FOR THE SOLE USE OF THE UNDERSIGNED AND IS NON-TRANSFERABLE. ANY USE OR POSSESSION, EXCEPT AS PRESCRIBED, IS PROHIBITED BY LAW. THIS LICENSE MUST BE IN THE POSSESSION OF THE UNDERSIGNED WHEN PERFORMING LEAD-RELATED ACTIVITIES AS PRESCRIBED BY 410 IAC 32.

SIGNATURE _____

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SIGNATURE _____